



UNIVERSITY OF KELANIYA – SRI LANKA

Information requested for transfer of credits earned for course units from any other recognised University or Higher Educational Institute by undergraduates registered for internal degree programmes at the University of Kelaniya

To be completed and certified by the Registrar or equivalent official of the other recognised University or Higher Educational Institute. (Please provide separate form for each course module)

Name of the University or Higher Educational Institute:

Faculty of Study:

Department of Study:

Name of the student:

Course Code	Course Title	No of Hrs	No of Credits	Grade

Learning Outcomes:

Course Contents: (Please use a separate sheet if necessary)

Method of Teaching and Learning:

Assessment Method:

Grading System (Marking Scheme):

Date: .....

Signature of the Registrar with Official Stamp



To be completed and certified by the undergraduate

Name of the student:

Student No:

Department of Study:

Faculty of Study:

Details of the course unit requested to be transferred from the credits earned from any other recognised University or Higher Educational Institute:

Course Code	Course Title	No of Credits

Date: .....

.....  
Signature of the Student

**To be completed and certified by the Examiners, Head of the Department, Dean of the Faculty and Examination Qualification Reviewing Board**

**Recommendation of the Examiners:**

Course Code	Percentage of Exemption	No of Credits	Grade

Any other Comments:

Date: .....

.....  
Name and the signature of the 1<sup>st</sup> Examiner

Date: .....

.....  
Name and the signature of the 2<sup>nd</sup> Examiner

**Recommendation of the Head of the Department:**

Recommended/Not Recommended

Date: .....

.....  
Name and the signature of the Head of the Department

**Recommendation of the Dean of the Faculty:**

Recommended/Not Recommended

Date: .....

.....  
Name and the signature of the Dean of the Faculty

**Recommendation of the Examination Qualification Reviewing Board:**

Recommended/Not Recommended

Date: .....

.....  
Name and the signature of the Chairperson  
of the Examination Qualification Reviewing Board